

**NATIONAL CITY POLICE DEPARTMENT**  
**APPLICATION FOR RELEASE OF INFORMATION**  
**PLEASE PRINT CLEARLY**

Note: Incomplete or illegible information may cause a delay in processing your request.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

This will certify that as: ☐Victim ☐Driver ☐Property Owner ☐Passenger  
☐Pedestrian ☐Party of Interest, ☐Or representative of the  
above, who because of age or physical condition prevents him from representing himself, I have a proper  
interest in this accident/incident.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Type of Report Requested:** ☐Traffic Accident ☐Domestic Violence ☐Identity Theft  
☐Vehicle Theft Include License Number \_\_\_\_\_ ☐Other Explain:

Date of Accident or Incident: \_\_\_\_\_

Name(s) of persons involved \_\_\_\_\_

**INSURANCE COMPANY ONLY COMPLETE THIS SECTION. YOU MUST PROVIDE A  
POLICY OR CLAIM NUMBER.**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Requestor: \_\_\_\_\_ Insured party: \_\_\_\_\_

**ATTORNEY OR AUTHORIZED INDIVIDUAL REPRESENTING INVOLVED PARTY-  
COMPLETE THIS SECTION. YOU MUST PROVIDE A SIGNED AUTHORIZATION OF  
INDIVIDUAL REPRESENTED.**

This is to certify that I represent \_\_\_\_\_ who was ☐Victim, ☐Property Owner, ☐Driver,  
☐Passenger, ☐Pedestrian, ☐Other: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENTN USE ONLY**

**Identification:** ☐DL, ☐CID, ☐Other \_\_\_\_\_ Verified by \_\_\_\_\_ Date Mailed \_\_\_\_\_

Date Picked up at front counter \_\_\_\_\_ Amount \_\_\_\_\_

Other Notes: \_\_\_\_\_